V. S. No. 1 m of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH 02863
1. PLACE OF DEATH	97)
County Montgomery	Registration Dist. No. 223
Village or City TAK. PARK	No. 44. Steamare ave. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 22 yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ARISTIAN ANDERSON	
(a) Residence: No. 44 Sycumore (Usual place of abode)	St. Ave Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married  Sa. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Lauisa anderson	22. I HEREBY CERTIFY, That I attended deceased from 1934, to Mar 27, 1934
6. DATE OF BIRTH (month, day, and year) 2, 1 1850	I last saw haven alive on Mar 26 1954: death is said
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, atm.
84.83 8 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade protession or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	Cinterio-Scherasia
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	made)
work was done, as SILK MILL, SAW MILL, BANK, etc.	
2 Spent In this	4
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
₩ 13. NAME	
13. NAME  14. BIRTHPLACE (city or town) NEW OR RESERVED TO COUNTRY)	Name of operation_ Zusue Date of
	What test confirmed diagnosis? Was there an autopsy? Mc.
E 1/1= 1/1/2 1/2	23. It death was due to external causes (VIOLENCE) fill in also the tollowing:
State or country)	Accident, suicide, or homicide? Date of injury, 19
1 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Laussi and andersur (Address) 44 Spanish Cul	Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Washing Wate Man 29 ,1934	Nature of Injury
19. UNDERTAKER W. Chambrer & O. W. (Address) 400 Chap ST VV	24. Was disease or injury in any way related to occupation of diseased?
20. FILED MORGLO, 1984 At At COREGUSTA. Registrat.	(Signed) by 9 1: 1 Somethy M.D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

1	B.	6 B	()	0	1/8
F	Ŧ	1	8	11	4
1	y	-	0	V	A

1. PLACE OF DEATH	· (QL)
County Moulgomery	Registration Dist. No. 216
Village or City Bretissolo	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Thomas Ur	mstrong
(a) Residence: No. 46 40 - Moula Cut. (Usual place of blode)	- St., - Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE NOR DIVORCED (write the word) Color of Race Normalia (Section 1)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Comma Carmeltona	22. I HEREBY CERTIFY That I attended deceased from 193 hg., to flat. 1934
7. AGE Years Months Qays If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (month and this pocupation (month and this pocupation (month and seven)).	looké lueryen
work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (month and spent in this occupation year)  11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) Manyland (Stete or country)	Dither Control lever Causes of importance:
13. NAME Thomas armotions &	
13. NAME Thomas Menustrong St 14. BIRTHPLACE (city or town) McC (State or country)	Name of operation World Dete of Whet test confirmed diagnosis? X-Day Westhere en aulopsy?
15. MAIDEN NAME arolyn publock	23. If deeth was due to external ceuses (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) The	Accident, suicide, or homicide?
17. INFORMANT Me. Thomas armoning (Address) 46 40 - Moulo are - Ballonto	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Code Co-nico	Menner of injury
19. UNDERTAKER AM Youber tumpling (Address) Poetwelle - mal	24. Was disease or Injury In any wey rejeted to occupation of deceased? 10
20. FILED Mar 18, 1934 B. C. Perry M. D. Registrar.	(Signed) G. V. Jaues Steed M. D.  (Address) Betherday, Mrd.:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			6301.001.00

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	CERTIFICATE OF DEATH (12865)
3 +	93-2
County Monagomery	Registration Dist. No.
Village or City Sopherself; Wery Was	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Maria M. Biele	٨.)
(a) Residence: No. 5/1 Doract Que Some (Usual place of abode)	is St. Moward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)	21. DATE OF DEATH  March 26, 193 4  (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Henry Buller	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) May 2, 0, 1854	Charles CW AU
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et
79 8 U 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance
// lormin.	were es follows: Chronia Mujocarpitis Date of onest
o. Hede, profession, or perited and wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
work wes done, as SILK MILL, SAW MILL, BANK, etc	
this occupetion (month end spent in this occupetion occupetion	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E	
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
	Whet test confirmed diegnosis? Was there an eulopsy? MQ
E Constant	23. If death wes due to externel ceuses (VIOLENCE) fill In also the following:
Stete or country)	Accident, suicide, or homicide? Dete of injury, 19  Where did injury occur?
man P Book	(Specify city or town, county and State)
17. INFORMANT / 12.50 / Aug / Dieter	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURINE, CREMENTON OR REMOVAL	Manner of injury
Plece Yashington Date Mai 26, 1934	Neture of Injury
19. UNDERTAKER W. W. Chambus Co. (Addiess) W. A. Chambus Co.	24. Was disease or injury in any wey releted to occupation of deceesed? No
3/41 21 Da Par. 28	(Signed) (Signed) MD
20. FILED 726 , 19.3 4 (1.9 C) Registrar.	(Address) betherba md,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A Segretarian	1 1		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Moulgomery	Registration Dist. No. 2/7
Village or City Olycly Marylaced	Offe Mouly Co. General Hash Word
(If	death occurred in a hospital of institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME Hazel C. Bully	in
(a) Residence: No. asliton and.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH  March  (Month)  (Day)  (Yeer)
HUSBAND of James Bolling	22. I HEREBY CERTIFY. That I attended deceased from Feb. 28th 1934, to March 26, 1934
6. DATE OF BIRTH (month, day, and year) (spril 26, 1888	Hest saw h.s. alive on March 264, 1934; deeth Is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete stated above, et. 1/Cm.
70 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:  Data of ensat
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	7 0 00 1 1
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Julishma Orthuster 3/23/3
10. Date deceased last worked at this occupation (month and yeer) 1. Total time (years) spent in this occupation 25 years)	
9 00	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Coulds (State or country)	for the state of t
13. NAME Office of m Plus elevis	Mellelmoma of Homach !
E The Million	Care
(State or country) PRW Hamb alone	Name of operation Safatra Dete of 372734
- Car Humpsmire	What test confirmed diegnosis? There wes there en autopsychet
15. MAIDEN NAME Sarah a. Taylor  16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
17. INFORMANT O Vaspilal Heards	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)  18:-BURNAL, CREMATION, OR REMOVAL	Now
Place Charles Hill Cently 3, 28 1934	Manner of injury Nana
19. UNDERTAKER HELENEY & Sumplemen	24. Wes disease or Injury In eny wey releted to occupation of deceased? TW.
(Address) Pochelle	If so, specify
20. FILED 3/27, 1934 C, S. Barnsley, Registrar.	(Signed) M.D.  (Address) Saudy Spring and
If more blanks are needed, addre state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

· 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THREAD V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	- K
Gallstones	May 1,1923	Gastroenteritis	1 year
THE PERSON ENDONOMINATION			

certificate.

back

instructions

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) (Month) (Oav) 5a. If married, widowed, or divorced HUSBANO of CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oays if LESS than to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Oate of onset 8. Trade, profession, or particular man OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc., d.O. Oate deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation 25 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? MOTRER 15. MAIOEN NAME 23. if death was due to external causes (VIOLENCE) fill In also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?\_\_\_\_\_\_ Oate of injury\_\_\_\_\_\_ 19\_\_\_\_\_ (State or country) Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Wes disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2868
County Montagemere	(131)	
212	Registration Dist. No.	
Village or City Mahlgamithy County (16	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?m	
2. FULL NAME Mande V. Broome		
(a) Residence: No. Rochwille, Ma	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX.   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
OR DIVORCED (write the word)	21. DATE OF DEATH  March 10	102 44
5a. If merried, widowed, or divorced	(Month) (Day)	(Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended	deceased from
2011	Jul 4 1934, 10 march	10,19.34
6. DATE OF BIRTH (month, day, and year) May 9 1884	liast sew bell alive on March 10,1934	deeth is sald
7. AGE Years Months Days II LESS than 1 dey,	to have occurred on the dete steted above, et 1:40 Pm.	
min.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	Date of oneat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc.	201	MID
	Mema	Jub.1134
Mork was done, es SILK MILL, Tublee schools SAW MILL, BANK, etc	Chrone neftrates	survel
10. Date deceased last worked at this occupation (Markhard 19 2 11. Total time (years) spent in this		years-
year)occupation	Other Contributory Cansea of importance:	9
12. BIRTHPLACE (city or town) Danustown	ovin comments of importance.	
(State or country) Md.		-
13. NAME Mr. alexander Droome 14. BIRTHPLACE (city or town). Danisten		
14. BIRTHPLACE (city or town) Danustown (State or country)	Name of operation	
15. MAIDEN NAME Miss Mary Clarfield	What test confirmed diagnosis lugs. Lyleans Wes there an a	
13. MAIDEN HAME TUSS TRACE CONCLECT	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) Server Carlondon  (Stete or country)	Accident, suicide, or homicide? Date of Injury	, 19
Mr. Rein Range	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT / M. a Colling 10 Nome	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury	
Place Name May Date Hall by , 1934	Neture of injury	
19. UNDERTAKER My Crewberg Simplify	24. Was disease or injury in any way related to occupation of deceased?	200
(Address) Poekvelle mod	If so, specify	
20. FILED Mar 11. 1934-C. S. Barrales	(Signed) If M. Fintherin	/M. D.
Registrar	(Address) Trackerelle 7	MA.

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of ons of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02803
1. PLACE OF DEATH	(08)
County Monday wary	Registration Dist. No. 211
Village or City Buyds Mid	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Tilghman Br	- 4474
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Wal. Vegral OR DiVORCED (write the word)	March /3, 1934
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Clara Browns.	22. I HEREBY CERTIFY, That I attended deceased from
) I I I I I I I I I I I I I I I I I I I	March 10, 1934, to Mach 13, 1934
6. DATE OF BIRTH (month, day, and year) Junioum 813	I last saw harmalive on March 13, 1934; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm,
Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Day Calorer SAWYER, BOOKKEEPER, etc.	tobas. Julimonia march 9%
SAWYER, BOOKKEEPER, etc.	Colerial Solerone 1928.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	quetre Weer 1925
UN 10. Date deceased last worked at	
this occupation (month and 93) spant in this occupation legs	
12. BIRTHPLACE (city or town) May Germantown Wol	Other Contributory Causes of Importance:
(State or country)	
13. NAME Wow Brown.	
13. NAME A Scoun .  14. BIRTHPLACE (city or town) - Months Co. Jud.	New days Treat
(State or country)	Name of operation. Date of Dat
15. MAIDEN NAME Chanila Diagress	What test confirmed diagnosis? Was there an au'opsy?
A CHILDREN MA	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
00 C	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Ala Carrier (Address) P 4 14 2 Government	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oshary Ohundh, Date 3/17, 1934	Nature of injury
Rhad III D	
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
mi it see meld	If so, specify
2). FILED MIT () , 19 37 6 Degart  La Cal Registrar.	(Signed) for a Morris M. D.  (Address) Dayson 100 Mad
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 6-1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLA	ND-CERTIF	FICATE OF	DEATH
----------	--------	-----------	-----------	-------

11	9	8	hay	6	
V	~	0	1	U	

1. PLACE OF DEATH		94.2	
County Moylyonne	Adep	Registrati	ion Dist. No. 214
Village or City Lay hill	ma.	No	St., Ward
Langth of residence in city or town where dea		f death occurred in a hospital or institution, give its NA sds. How long in U.S. if of foraign birth?	
2. FULL NAME George	W. Buris		
(a) Residence: No Lay hi	(Usual place of abode)	St., Ward.	dent give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICA	
3. SEX 4. COLOR OR RACE 5	or Divorced (wrip the word)	21. DATE OF DEATH	18 1934
Sa. If married, widowed, or divorced Mark	M La POURDIAS	(Month)	(Day) (Year)
HUSBAND of Cor) WIFE of Curkwood	As Comment	22. I HEREBY CERTI	IFY, That i attended deceased from
6. DATE OF BIRTH (month, day, and year) 70	W. 2, 1869	I last saw h alive on dead or	u arrival death is said
7. AGE Yaars Months	Days   If LESS than	to have occurred on the date stated above, at S.	30A m.
64 4	16 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related of were as follows:	4
8. Trade, profession, or particular kind of work done, as SPINNER.	aren Labores		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	ween dabarer	Coronary Dhrom	bases 3/18/39
work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end yaar)	11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town)	7	Othar Contributary Causes of Importance:	
(State or country) / Plary  13. NAME John Bur	riss	Deveral artenial	eroses !
13. NAME John 1200.  14. BIRTHPLACE (city or town) Mary  (State or country) Mary	land	Name of operation. Nove	Date of
	of Gates	What test confirmed diagnosis? Examination	
E Cagues	0	23. If death was due to external causes (VIOL ENCE	
S 16. BIRTHPLACE (city or town) Thury	land.	Accident, suicide, or homicide?	Date of injury, 19
17. INFORMANT Oscar Bu (Addrass) Cales in Cl.	uris		y or town, county and State) HOME, or in PUBLIC PLACE.
18. BURIAL, MEMATION, OR REMOVAL		Manner of injury 2000	
Pia Dayfull Che, ry	Date 100 1934	Nature of injury	
19. UNDERTAKER UM Acuber (Address)	ele molyry	24. Was disaase or injury In any way related to oc	
20. FILED Mar. 20, 19.34 Mar	garel C. Tremearn	(Signed) Addrass)	Spring, Sud
If more bla	nks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , VE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	CERTIFICATE OF DEATH 02872
1. PLACE OF DEATH	223
County Moritgomery	Registration Dist. No.
Village or City Tahoma Cash	No. Washington Saintarish & Horist feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs3_mos	s. 10 ds. How long in U.S. if of foreign birth? yrs. mstead of street and number)
2. FULL NAME Miss Charlotte Char	le.
(a) Residence: No. 15 2 5 & Capital St. (Usualplace of abode)	St., Ward. Washington OC,  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the world)	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5al If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
9	December 19, 1933, to march 29, 1934
6. DATE OF BIRTH (month, dey, end yeer) January 13, 1875 7. AGE Years Months Days If LESS than	I last sew h. An alive on March 29, 19.34; death is said
1 day bre	to have occurred on the date stated above, at
0rmin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER Printer & Eugraving SAWYER, BODKKEEPER, etc.	
kind of work done, as SPINNER Private & Engraving SAWYER, BODKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  11. Total time (years)	(aremana ) Fel
SAW MILL, BANK, etc. Sures of Printing + Eur	Jany Merry 1932
11. Total time (years) this occupation (month and,	<i>f</i>
year) Suptamber 1931 spent in this 25 2	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Sovelence	
(State or country) Rhode Island	
14. BIRTHPLACE (city or town) Fall Ruin	
14. BIRTHPLACE (city or town) - Fall Spice	Neme of operation Je & - Hystesletany Date of august
(State of country)	What test confirmed (plagnosis? Wes there an autopsy?_42_
= 15. MAIDEN NAME & Clen asurdick	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) New Cort	Accident, suicide, or homicide? Dete of injury, 19
(State or country) Ochode Island	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mashington Squiterum Micord	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Washing low lete Date Mar 30 - , 19 34	Nature of injury
19. UNDERTAKER D. W. LCE - Sons lea.	24. Was disease or injury in any way related to occupation of deceased?
(Address) 300 - 4 th st. n. E. Wash Pl	If so, specify
20. FILED Mar 30, 1934 A El Jonars	(Signed) III Vienna M. D.
Registrar.	(Address) / attana fact lud

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

upplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

B.—WRITE PLAINLY, WIT mation should be carefull

ż

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County Montgomery	82-1-1-14-4-1-1	Registration Dist.	No 223
Village or City Jakon P	Ø (H	death occurred in a hospital or institution, give its NAME inste	Ward of greet and number)
			yrsds.
(a) Residence: No. 55/6		St., Ward. Washington	ity of town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF	
SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)	9 193 4 (Year)
i. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, T	
DATE OF BIRTH (month, day, and year)	ec 7 1869	last saw her alive on march 8	, 1934; death is sald
AGE Years Months 6 H 3 ?	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Hausekeeper	Carcinoma of Bru	-x /932
work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at Market bits occupation (month and	Wn Kome  11. Total time (years) 48 spent in this		
BIRTHPLACE (city or town) Cul pap	occupation grant	Dther Contributory Causes of Importance:	~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(State or country) Virginia  13. NAME Capsie Class	terhuelo	metisters in Li	
14. BIRTHPLACE (city or town) - Cull (State or country)	sepper-	Name of operation None What test confirmed diagnosis? North State	Date of
15. MAIDEN NAME many mil	Ton	23. If death was due to external causes (VIDLENCE) fill in al	Was there an autopsy?
16. BIRTHPLACE (city or town)	ion	Accident, suicide, or homicide? Date o	f injury, 19
(Address) Jakona Park	maryland	(Specify city or town, Specify whether Injury occurred In INDUSTRY, In HOME, o	county and State) r In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Place Gulsepper . La	Date 27 ar 10 , 1934.	Manner of Injury	
UNDERTAKER M. M. Cham (Address) 1400 Cha	birs Coff M. M.	24. Was disease or injury in any way related to occupation of	f deceased?
). FILED March 9, 1984 A	to Propert	(Signed) Parry	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
			1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	----------	---------	------------	----	-----------

	V. 5. No. 1	MAKGIN KEN	SERVED	MAKGIN RESERVED FOR BINDING
Z	N. B.—WRITE PLAINLY, W. UNFADING INK—THIS IS A PERMANENT	UNFADING I	NK-THIS	IS A PERMANENT
T	mation should be carefully supplied. AGE should be stated EXACTL	y supplied. AGE	should be	stated EXACTL
1	CAUSE OF DEATH in plain terms, so that it may be properly classified.	lain terms, so that	it may be	properly classified.
	TION is very important. See instructions on back of certificate.	See instructions o	n back of c	ertificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02874		
1. PLACE OF DEATH			
County Manygoneig TE LIMITS	Registration Dist. No. 2238		
Village or City//akona Sask	No. St., Ward		
Length of residence in city or town where death occurred. C yrs & mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
901 h/2 1/14	Nask		
2. FULL NAME JOHN CONTACT			
(a) Residence: No// April 1000000000000000000000000000000000000	Set, Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OF RACE, OR DIVORCED (wurite the word)	21. DATE OF DEATH Way 8 193 4 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	22. I HERERY CERTIFY. That I attended deceased from		
0.218187	last saw h Cracine on 21/av. 2 1934; death is said		
6. DATE OF BIRTH (month, day, and year) WAG 18, 194.  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at		
/ / C   I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8 Trade profession or particular	were as follows: Meanley Date of onset		
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.			
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Deto deceased last worked at this occupation (month and			
SAW MILL, BANK, etc.			
year) occupation occupation	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) (State or country)			
nia 800			
14. BIRTHPLACE (city or town) 4			
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation		
	What test confirmed diagnosis? Was there an autopsy?		
E / Control of Grand	23. If death was due to externel causes (VIOLENCE) fill in also the following:		
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19		
Hele and Coloredo	Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
17. INFORMANT (Address) (Address) (Address)			
18. BURIAL, CREMATION OR REMOVAL	Manner of injury		
Place Hack De Date Mich 10-1934	Nature of injury		
19. UNDERTAKER 7. Hascles Some	24. Was disease or Injury In any way related to occupation of deceased?		
(Address) Skyattwille Md	If so, specify		
20. FILED March 9, 1984 Sto Rogers. Registrar.	(Signed) Cliffee Marcon M. D.  (Address) Anoma Park Da		
If more blanks are needed, address State Revistrar.	2411 N. Charles Street Baltimore Requesting T. S. No. 7		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

out the particular kind of work done and return that, as spinner, weaver, etc. MAR And In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Mout Jorgen	Registration Dist. No. 217
Village or City Olangua alla d	the No Marity to the Hard word
(I Length of residence in city or town where death occurredyrs,mo:	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Daley Clist &	
(a) Residence: No.	St. Ward.
(Usual lace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH  29 193 4
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended decessed from
10 10 20	march 29, 194, 10 march 29, 1934
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Deys  If LESS than	I last saw h alive on
1 day,hrs.	to have occurred on the dete stated above, at 2.20 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	5+103
9. Industry or business in which	Cult som again
work was done, as SILK MILL, SAW MILL, BANK, etc	
Shell (III (III)	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
Mild-	
13. NAME  14. BIRTHPLACE (city or town)  Sense Ca	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)  Wany land	Whet test confirmed diagnosis? Was there an autopsy? h
E H TOMM	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
00:1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CASTAL CA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sang Md Dete Manda 30, 1934	Nature of Injury
19. UNDERTAKER Harry Couples (Addiess)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Mar 29. 1934, CS. Barraley	If so, specify (Signed)
Registrar.	(Address) and many mend Wd.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. 1 No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Arteriosclerosis Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago THEODER S Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 wear

STATE OF MARYLAND	-CERTIFICATE OF DEATH 02876		
1. PLACE OF DEATH			
County Moulgomery	Registration Dist. No. 2, 17.		
Village or City Olfrey, Maryland.	ONOSE & Montage Co. Level Nost to Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrs	nosds. How long in U.S. if of foreign birth?yrsds.		
2. FULL NAME Stillborn baby girl	- Dell-		
(a) Residence: No. () lucy (Usual place of abode)	St., Ward.  If conresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SEX 4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Dungle	21. DATE OF DEATH  Moreh  Month)  (Month)  (Dey)  (Year)		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from		
	, 19, to, 19, 19		
6. DATE OF BIRTH (month, day, and year) March 1, 193			
7. AGE Years Months Days If LESS that 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
9 Trade profession or postiguita-	Date of onset		
	Virmoline 6 mos. 2		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	77		
10. Date decesed last worked at 11. Total time (years)	Mill M		
this occupation (month and spent in this occupation coupation			
12. BIRTHPLACE (city or town). Olumn	Other Contributory Causes of importance:		
(State or country) Anaraka ared.	7		
13. NAME Elmen Dill			
13. NAME Cluser Dill  14. BIRTHPLACE (city or town) Oak dale  (State or country)	Name of operation Nouse Date of		
(State or country) Maryland,	What test confirmed diegnosis? Was there an autopsy?		
15. MAIDEN NAME Callerine Morningston	23. If death was due to external ceuses (VIOLENCE) fill In also the following:		
15. MAIDEN NAME Cacherine Morningstar  16. BIRTHPLACE (city or town) Buckeystorefor  (State or country)	Accident, suicide, or homicide? Date of injury		
(State or country) Mary Caud	Where did injury occur?		
17. INFORMANT Oxoxpital Record (Address) Oling Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury		
Place Rockerielle Cem Date Mar 2, 193	Nature of injury		
19. UNDERTAKER Chase Jones (Address) Rochrielle . md.	24. Was disease or injury in eny wey related to occupation of deceased? 200		
20. FILED Mar 2, 1933. CS. Barnsley.	(Signed) Saudy Spring &nd		
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	92-22
County Louisomery	Registration Dist. No. 218
Village or City Vio Bamaseus	NoSt.,Ward
Length of residence In city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds
2. FULL NAME Plosence may Du	wall
(a) Residence: No. M. Damascus & md.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR, OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)  Matriced	(Month) (Day) (Year)
5a. If merried, widowed, or dispred HUSBAND of (or) WIFE of Liperson Duvall  6. DATE OF BIRTH (month day, and year) Sept. 16 18 70	22. I HEREBY CERTIFY, That bettended deceased from 20, 134, to make, 20, 1934.  I lest sew h M. elive on March 20, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, et 9 5 h.m.
63 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end)	Acute Indigestion Date of ogset 1/2 hr.
12. BIRTHPLACE (city or town) Wr Damaseus  (State or country)	Dther Contributory Causes of importance: Chronic Enclocarditio plantal
14. BIRTHPLACE (city or town) Files. 29.	Name of a section
(State or country)	What test confirmed diagnosis? Was there an eutopsy? Ha
15. MAIDEN NAME Cordelia Baleer  16. BIRTHPLACE (city or town) nr. Kemplom	23. If death was due to external causes (VIDLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT Jefferson Dywall (Address) R. D. Faishersbrog My	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION FOR REMOVAL  PIECE ST. Scharge Cen Date Male 23, 1934	Manner of injury
19. UNDERTAKER Koy IV Barber (Address) Laytonsville md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mar 23 1934 It To some Registrar.	(Signed) Leage M. Bayer M. D.  (Address) Damas Lus ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:		1	Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APR 5 19.4	1915	5 Attack of epilepsy		
Chronic interstitial nephritis		1921	Run over by street car 1		
Cerebral hemorrhage   BIRE   V. S.		July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICL
--

N. BWRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Ever	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN	CAUSE OF DEATH in plain Terms, so that it may be properly classified. Exact statemen	
RECO	Y. PH	Exact	
IANENT	ACTL	ssified.	
A PERM	ed EX	erly cla	ficate.
SIS	stat	prop	certi
LHIS	d be	y be	k of
INK-1	should	t it ma	on bac
DING	AGE	se that	ctions
UNFA	pplied.	terms,	instru
Q	ly so	lain	See
WI	reful	in p	ant.
INLY,	be car	EATH	TION is very important. See instructions on back of certificate.
PLA	plnou	OF D	very
ITE	on s	SE	N is
B.—WR	mati	CAU	TIO
ż	1	T	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02878
1. PLACE OF DEATH	34
County Mont Jonery Co	Registration Dist. No. 213
Village or City The Control of Co	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its NAME instead of street and number)  ———————————————————————————————————
De la Profesiona	lo .
2. FULL NAME Departition place	na)
(a) Residence (No. Poble Ville Management (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male White OR DIVORCED (guire the word)	3 3 0 (193 # (Year)
5a. If merried, widowed, or divorced HUSBAND of	W LUEDEDY CEDTLEY THAT
(or) WIFE of	1 HEREBY CERTLEY, That I attended deceased from
S DATE OF BEPTH (month day and year) Aug. 18 1889	2/2/2/1
6. DATE OF BIRTH (month, dey, end yeer)  7. AGE Years Months Days If LESS then	to heve occurred on the dete steted above, at 10Am.
44 1000 2.7 1010, f dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8. Trede, profession, or particular	were es follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPHNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and	Organia and Maked Omto 1929
2. Industry or business in which	Therestorio Mail renal extern 3/41/2
work was done, es SILK MILL, SAW MILL, BANK, etc.	Cesolan O Munistore 3 3/2/19
	5/3/13/
year) Manch occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Cashyriton Va	Other Conditions Charles of Importance.
(State or country) Rosspandanock Co. Va.	
13. NAME George Forest Collins.	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(Stete or country)	• Whet test confirmed diegnosis? Was there en autopsy? _ hc
f5. MAIDEN NAME (although lickrell)  16. BIRTHPLACE (city or town) Copposamora Co. 1	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
6. BIRTHPLACE (city or town) / Pappalamont Co. 1	Accident, suicide, or homicide? Date of injury, f9
∑ (State or country)	Where did injury occur?
17. INFORMANT Ims Catherine Elkino	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Piece Beatterelle My Dete 413, let 1934	Manner of injuryNeture of injury
19. UNDERTAKER Stall + Stictory	24. Was diseese or Injury In eny wey related to occupetion of deceased? 340
(Address) Banewille, Mrs.	If so, specify
20 FILED 3/31 13H EWWhite	(Signed) Ilplus During M. D.
Registrar.	(Address) Dunsonville

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	H	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 5 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEAT

	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	<u> </u>
1	county Montgomery	Registration Dist. No. 223
1	Village or City Takoma Park	Howashington San + Horpital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death occurredyrsmos.	57 ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NAME Mrs, Bertha Victo	ria Erickson
	(a) Residence: No. 5416 Ninth St., n.w. (Usual place of abode)	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Temale 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)  wido wed	21. DATE OF DEATH March. / 6 193 4 (Month) (Day) (Year)
ů	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tohn Erickson	22. I HEREBY CERTIFY, Thet I attended deceased from  Jan / 8 , 19.3 Y, to March / 6, 19.3 Y
	6. DATE OF BIRTH (month, day, and year) Feb, 6, 1887	I last saw h M alive on March (6, 193 & death is seid
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 23 P.m.
rtif	47 1 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and roleted causes of Importance were as follows:
on back of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Andustry or business in which Treasury Dept.	Carcinoma of 17 breast 718:14
	SAW MILL, BANK, etc	
instructions	12. BIRTHPLACE (city or town) Chisage, Ill	Dither Contributory Causes of Importance:
tru	(State or country)	metistures to Brain.
ins	13. NAME William Ferguson	
See i	14. BIRTHPLACE (city or town) I reland (State or country)	Name of operation Adical Operation Date of Oct 5-15 What test confirmed diagnosis? all plogical Negrot Was there an autopsy?
nt.	15. MAIDEN NAME Hannah Sleeth	23. If death was due to external causes (VIOLENCE) fill In also the following:
Important	16. BIRTHPLACE (city or town) Ireland (State or country)	Accident, suicide, or homicide? Date of injury, 19
very im	17. INFORMANT Washington San & Hosp. Records (Address) Taxana Taxx Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
3.	18. BURIAL, CREMATION, OR REMOVAL Place Washington Des Date May 17, 19.34	Manner of injury
TION	19. UNDERTAKER The 5 H Hing Co. (Addiess) 2901-14H 89 n.W.	24. Was disease or injury in any way related to occupation of deceased? No
1	20. FILED March 17, 1934 A/E Rogers	(Signed) Converse Santania & 7

V. S. No. 1

N. B.—WRITE PLAINLY, WITH

INFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

1. PLACE OF DEATH	
County Moulgonery	Registration Dist. No. 2/2
- //	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Linamed tollis	[Honard & Lenera Freman (3 mo.)
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 18 (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from no physicians in allulance, 19.
DATE OF BIRTH (month, day, and year) Mar . 13; 1934	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Memalus Sulh
work was done, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and year) 0ccupation (month and	
12. BIRTHPLACE (city or town) Samsamlle md (State or country)	Other Contributory Causes of Importance:
13. NAME Howard Frema	
14. BIRTHPLACE (city or town) Maril T. Les (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME GRALOROW MAAN	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Month of Cast	Accident, suicide, or homicide? Date of injury, 19
17. INFDRMANT Atoward Freman (Address) A Cont Samille M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Destroy Jake To John 13/34	Manner of injury
19. UNDERTAKER(Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FICED 3/16 , 19.34 EW White	(Signed) (Slott A) hours M. D.  (Address) Dawsonville Jud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1934	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 02	2881
	. 1	-	-	<b>3</b>	
County_220	2	cy		Registration Dist. No. 4	7
Village or City	O guey ,	and,		Ino Mouly Co Decreal Hosepi	tal Wa
Length of resider	ce in city or town where o	death occurred	yrs,mo:	f death occurred in a hospital or institution, give its NAME instead of street and s	number)
2. FULL NAM	E Balon	Ban	Is A	, and an arrange of the second	JS
(a) Residence	1401	) And	(	St. Ward	
	7	(Usual place		St., Ward.  If nonresident give city or town end	State
	L AND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  March  (Month) (Dey)	, 193 <del>/</del>
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced			22. 1 HEREBY CERTIFY, Thet I ettended	deceased fro
6. DATE OF BIRTH (mo	nth day and year)	arch :	30 1934	1   1   1   1   1   1   1   1   1   1	, 19
7. AGE Years	Months	Days	If LESS than	to have occurred on the dete stated above, at 7 Sept. 87.00	; death is sa
8 Trade profession	n particular		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	Date of onse
kind of work	n, or particular done, as SPINNER, OKKEEPER, etc.			Pa	
<  9. Industry or busi	ness in which	-		Parmolene	
SAW MILL, E	ne, as SILK MILL, BANK, etc				
10. Dete deceased in this occupation year)	on (month and		ime (years)~ nt in this		~~
	190	I OCCL	Ipation	Other Contributory Causes of importence:	*********
12. BIRTHPLACE (city or (Stete or country)		7-10	7		
1	2 and a	I s	ζ,		
	comas /	Laur		——————————————————————————————————————	
14. BIRTHPLACE (cit				Neme of operation Date of	
1	marana	1 Jaco	a.	What test confirmed diagnosis? Wes there en a	
-	1	rocci	7	23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (cit		ulaus	- P	Accident, suicide, or homicide? Dete of injury	, 19
17. INFORMANT	* · * · D	Right	- 0	Where did injury occur? (Specify city or town, county and State	)
(Address)	The state of	vaco	<u>ca</u>	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CHEMATION	OR KENJUVAL	20		Manner of injury	
Plece	you, em	Date / NA	13/-,1904	Nature of injury	
19. UNDERTAKER	fromas/	Gant		24. Wes disease or injury in any wey releted to occupetion of deceased?	20
20. FILED MAN 3	1., 1934. C.	8. 130	analeg Registrar	(Signed) (Address) Augustus Spaning &	M. D
	If more b	lanks are needed, as	4	(Address) Alladeling Spelling L.	- Change

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	CERTIFICATE OF DEATH 02882
1. PLACE OF DEATH	45
County / My gomest	Registration Dist. No. 214
Village or City 2011284 Elen -	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
m 1 1	- R. A Ga do 10
2. FULL NAME Illis Honely Trux Is	on Mudde warring.
(a) Residence: No. # Drest June (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Yhar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mangel Slaw Ison pells	22. THEREBY CERTIFY. That I ettended deceased from
De OH OCH	4 45 5. 34, 19 10 March 8 1934
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months Days If LESS than	I last saw h 2 ative on Marks 5 , 19 34; death is said
2 2 1 devhrs.	to heve occurred on the date stated above, et 2,400 m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked et this occupation (months and	Proum on Sha
9- Industry or business in which	terminal 31 m/21
work was done, as SILK MILL, Ava libral -	[]
Spant in this	*
yaar) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - / Wassing low of 6	Careenoma of Mosal 2
(State or country)	
13. NAME Millam & Read  14. BIRTHPLACE (city or town) Dess Carle, & ll	22
14. BIRTHPLACE (city or town) Levi-Charle, Delle (State or country)	Name of operation Dete of
STATE OF COUNTY)	What test confirmed diagnosis? Ly Analmatica, Was there an autopsy?
16. BIRTHPLACE (city or town) Massing Ten De	23. If death wes due to external ceuses (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Word Alia Endaill	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Modington De Date Harely 8, 1934	Nature of injury
19 UNDERTAKER WIN Changlers CO	24. Was diseasa or injury in any wey related to occupation of deceased?
(Address) 1400 Chapmant MW.	If so, specify
20 FILED May 8 1934 F.F. Dudley &	(Signed) M. D.
Depty Registrar.	(Address) Silver spring My-

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Įį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUMBALITY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		STATE	OF	MAR	YLAND-	CERTIFICATE OF DEATH	1 02883	
1	. PLACE OF	DEATH	an	wen	1	<u> </u>		
	County	111006	500	700		Registration Dist.	No	
	Village or Ci	ity of wo		10101		No.  death occurred in a hospital or institution, give its NAME inste	St., Ward	
	Length of resid	dence in city or town w	ere death	occurred		ds. How long in U.S. if of foreign birth?		
2	. FULL NAM	ME Als	21	De	with 6	Primes.		
	(a) Residence	ce: No.			0	St., Ward.		
-				(Usual place		The state of the s	ity or town and State	
		AL AND STAT	-			MEDICAL CERTIFICATE OF	DEATH	
120	sex	4. COLOR OR RACE			RIED, WIDOWED, O (write the word)	21. DATE OF DEATH 3-	20- 34	
50	If married widow	1-		yen	Leg	(Month)	(Day) (Year)	
Ja.	HUSBAND of (or) WIFE of	ed, or divorced				22. I HEREBY CERTIFY, T	hat I attended deceased from	
-	(01) 11112 01		7	91	_ 1 -1	3 - 20 - 1934, to 3	193 4	
6.	DATE OF BIRTH	month, day, and year)	0	- 20	34	I last saw harman alive on 3 - 4	8-,1935; death is said	
7	AGE Year		s	Oays	If LESS than I day,hrs.		m.	
	(	3 0		0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of I were as follows:	mportance Date of enset	
Z	8. Trade, profas kind of w	sion, or particular ork dona, as SPINNER BOOKKEEPER, atc	1	um		and the first of the second	-2-15-4	
OCCUPATION	9. Industry or 1	ousinass in which				any vous	1/20/3	
UP.	work was SAW MIL	done, as SILK MILL, L, BANK, atc						
000	10. Date decease			spar	ma (yaars) It in this Ipation			
12.	BIRTHPLACE (city		nle	long	ma	Other Castributary Causes of importance;		
2	13. NAME	ton 4. 17	. 9	ronla				
FATHER	14. BIRTHPLACE		de	estor	n, mg	Name of operation	Oate of	
	(State or	110	. 0	1 Clar	2. 4	What test confirmed diagnosis?	Was thera an autopsy?	
MOTHER	15. MAIDEN NAM	(city or town)	vill	dela	ng	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicida, or homicide?		
17. INFORMANT John Joy 18, grines					ale de la constant de	Where did injury occur? (Specify city or town, Specify whether Injury occurred in INOUSTRY, in HOME, o	county and State) r in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL  Place 25 - 1934					26-1934	Manner of injury		
	I lacd	John 1		Date		Nature of injury		
19.	UNDERTAKER(Addrass)	Jantione	south.	a, e	ne	24. Was disaase or injury in any way ralated to occupation of	f dacaasad?	
20.	FILED Pila L	1934 6	que	D Ano	M. Registrar	(Signad) (Address) Prochersbur	9, ma.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFALLY S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			/	

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02884
· · · · · · · · · · · · · · · · · · ·	2360
County Montgomery	Registration Dist. No. 223
Village or City Takoma Cark	No. Washington Sanitarium and Nessaital Wood
Length of residence in city or town where death occurred 13 yrsmos	death occurred in a horp() or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mr. Harry A. Hall	
(a) Residence: No. 7 Elm Quenue (Usual place of abode)	St., Ward. Takoma Park, washing ton If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  White  TYAY CLEA	21. DATE OF DEATH  May. 10
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Mrs. Lucy Hall	22. THEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) December 9, 1871	I last saw h live alive on May 10 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date staled above, at
62 3 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or partiaular	were as follows:
NOTE of the second last worked at this eccuration (years)	D a sol
9. Industry or business in which	Celleral Francos
work was done, as SILK MILL, Publishing Osan.	
10. Date deceased last worked at this occupation (month and t 30 34 11. Ostal time (years) spent in this year) cocupation 13 yrs.	
12. BIRTHPLACE (city or town) - Kawanes	Other Contributory Causes of importance:
(State or country) Wisconsin	(1) (011) (0/01)
	and the second
3	of pullusion.
(State or country) Wisconsin	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?Mo
15. MAIDEN NAME Emma Fairbanks	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
≥   (State or country) ?	Where did injury occur?
17. INFORMANT Washington Sanitarium + Hespital Records. (Address) Tolkoma Park, nd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 7 8 3/13	Manner of injury
Plate Munical Sant Date 3/13,193 4	Nature of injury
19. UNDERTAKER A DA Navius.  (Address) Wash D. C. 984 W. W. aug. Mar.	24. Was disease or injury in any way related to occupation of deceasod? NO
20. FILED Marchell, 1934 It & Gragers Registrar.	(Signed) A Notice M. D.  (Address) Jakoma Franko D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage 8.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			47
County Mont gomery			Registration Dist. No. 2, 2, 3
Village or City Takama		(10	No. Washington Sanidarium tho Stridal Ward death occurred in a horpital or institution, give its NAME instead of street and number)  22 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
Length of residence in city or town where			
2. FULL NAME & Ider No.		Harxer	St., Ward. Hins dole Illinois If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Whixe	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH  March  (Month)  (Dev)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Maud	e Leavis	M Harder	22. I HEREBY CERTIFY. That I attended deceased from 26 19 1934 Norch 2 1934
6. DATE OF BIRTH (month, day, and year)	00.12	1869	I last saw him alive on March 12 1934; death is said
7. AGE Yaars Months	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 9 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Clergy	man	Carcinoma ; Lugg (primay) July
SAW MILL, BANK, etc	J Shall	me (years) 46 t in this pation	V.
12. BIRTHPLACE (city or town)	SO K		Other Contributory Causes of importance:
	arxer		
13. NAME DAY : ch 16.  14. BIRTHPLACE (city or town)		0015	Neme of operation Data of Data of What tast confirmed diagnosis? X Day Was there an autopsy? No.
15. MAIDEN NAME & M M a	Jahnson		23. If death was due to external causes (VIOLENCE) fill in also the following:
ala	chawk	ryork	Accident, suicide, or homicide?
17. INFORMANT Washington S (Address) Takoma		millecards	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Wash Massacra	Lore Mar	ch 15,1934	Manner of injury
19. UNDERTAKER J. J. Chaser (Address) 1400 Ghafer	berg Gr	7	24. Was disease or Injury in any way related to occupation of decaased? 110
20. FILED March 12, 1934 J	TEO RE	Registrar.	(Signad) M. D  (Address) Washington Samuarin Y Hory  2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Tahoma 16.

Tahoma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II		
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	APR 5 144	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.	1 8			
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	97) 2/3
County Moulganing	Registration Dist. No.
Village or City I navelal	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norphator institution, give in texture, taked of street and finitely death occurred. ds. How long in U.S. if of foreign birth?yrsmosds.
Claus 1: 94 Hans	
2. FULL NAME SILLY andred 14 14 WV	The last of the same of the sa
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
M. Hell OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of The Harris	and 1923, to Mark 23, 1934
6. DATE OF BIRTH (month, day, and year) (Oct 22 1 1854	I last sal han - alive on Mas l 23 , 19 34; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8-0 5- 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Frade profession or particular & 0	aterial Soleroses 1930
SAWYER, BDDKKEEPER, etc	P Sclaroses y cerebral arlenes 11/14/33
9. Industry or business in which work was done, as SILK MILL, Truesking a progress one for	Parelito; meaning sende par 7115,134
SAW MILL, BANK, etc.	rolyis. Not of syphilitie origin.
D. Data deceased last worked et this occupetion (month and 1923 spont in this year) this occupetion (month and 1923 occupation 5044)	200 15 100
D. D. D. J. J.	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Ward (In Many Laura) (State or country)	
13. NAME Madison I Harriss	Fig
II IS. NAIME / / action I was a constant I	Name of operation
14. BIRTHPLACE (city or town) Maryland (State or country)	Whet test confirmed diagnosis?
	23. If death was due to external ceuses (VIDLENCE) fill in elso the following:
E man la el	Accident, suicide, or homicide? Date of Injury, 19
O 16. BIRTHPLACE (city or town) (Steto or coun'ry)	Where did injury occur?
n B F Hamsa	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT JA Jacktustus of Jud	
A BURIAL CREMATION, DR REMOVAL	Manner of Injury
Place Darulston Date Mare 26, 1934	Nature of Injury
Rufe Pumblisen	24. Was disease or Injury In any wey related to occupation of deceased?
19. UNDERTAKER CALL (Address) Range Toylla MA	If so, specify
	(Signed) Uslan Dhours M.D.
20. FILED March 36, 19-34 Will D Moule My Chargistrar.	(Address) Dansville Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	no and an and an and an	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis D	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago	
V. 5-				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

mation should be carefull, Applied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY,

STATE	OF	MARYI	AND-	CERTIFIC	CATE	OF	DEATH
01111	01	1417 41 4 1	71110	OLIVIII I		01	DLATIT

18	68	(	0	And in	
U	6	0	0	1	

1. PLACE OF DEATH	93-60
county Mantgomery	Registration Dist. No. 2233
Village or City Sak Dance, Park	No. 626 Jacuall and St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME MAS (Kached B) Xor	Home
(a) Residence: No. 1227- B St. SE. Wa	Lst. OC Ward.
(Usual place of abode)	If nonresident give city or town and Slate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hatton	22. A OF 2 CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 30, 1848	1934, to March 3, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6m.
85 11 - 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOTE of the control o	Chronice Myo Cardilis
work was done, es SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Juston M. J.  (State or equatry)	Other Coutributory Causes of importance:
13. NAME William Hattone	
14. BIRTHPLACE (city or town) Linkuour	Name of operation Moves Dete of
(State or country)	What test confirmed diagnosis? Was there an au'opsy? The
15. MAIDEN NAME Hattie a Wright	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT CADDEN ST. SE Wash DC	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place 21. Date 34.	Manner of injury
19. UNDERTAKER KULLED! Color C	24. Was disease or injury in any way related to occupation of deceesed? 720
20. FILED March 4, 1934 A, S. Roge & W. Registrar.	(Signed) Codrae F. Patterson M.D. (Address) Jahomo Park md.

miss & R. Willox 6840 Earlin ave.

### UNITED STATES STANDARD CERTIFICATE OF DEATH

503 Zulip ave.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

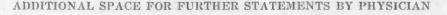
In stating the occupation, avoid the use of such indefinite terms as "employce," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   BUREAU V. 8	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	





1. PLACE OF DEATH		(92-0)	
County		Registration Dist. No. 21	8
Village or City Washin	nton Grove	No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town when		de New Jone in II C if of foreign birth?	
2. FULL NAME	CITITORA Hendric	V. 2	
(a) Residence: No. Washi	(Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	te
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Flomale Whitte	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March 19 18	34
5a. If married, widowad, or divorced		(Month) (Day)	(Tear)
HUSBANO of George &	Hendricks	22. I HEREBY CERTIFY, That I attended dec	
6. DATE OF BIRTH (month, day, end year)	Dec 10 1852	I last saw har alive on Mar. 1924; d	eath is said
7. AGE Years Months 2	Oays If LESS than I day,hrs.	there as follows:	
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	House Work		ate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	% %.	Chronia Valenda helow desease.	1.9.30.
	11. Total time (years) spent in this	acute Cardino deletation 3	-14-34
year)333		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)			
出 13. NAME Thomas BI	rooks		
13. NAME THOMAS DI  14. BIRTHPLACE (city or town)  (State or country)	ulu	Name of operation Date of	
	eth McGill	What test confirmed diagnosis? Was there an aulo  23. If death was due to external causes (VIOLENCE) fill In also the following:	psy?220
15. MAIOEN NAME  15. BIRTHPLACE (city or town)  (State or counity)		Accident, suicide, or homicide? Date of injury Where did injury occur?	., 19
17. INFORMANT George H	endricke shiveton Grove	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Oate 119	A Manner of Injury	
19. UNOERTAKER LINEST C	Gartner	24. Was disease or injury in any way related to occupation of deceased?	12
20. FILEO March 2019 34 Q	Leda 4. Groke Resistrar.	(Signed) J. J. Novehart  (Address) Sairber hard	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation

plnous

Every

FA-		
10		
SE OF DEATH in plain terms, so that it may be properly classined. Exact statement of OCCUPA	1	
Exact		
classined.		
properly	I is very important. See instructions on back of certificate	
De	jo	
may	back	1
1	no	
thai	ons	
Se	ucti	
terms,	instr	
lain	See	
u	ant.	
H	ort	
LA	imp	
OF L	very	
SE	S	

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U. S. if of foreign birth? yrs. mos. ds. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at\_\_\_\_\_m. 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_ min. 8/ Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business in which work was done, es StLK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this year) occupation ... 12. BIRTHPLACE (city or town mds (State or country) FATHER 13. NAME 14. BINTHPLACE (city or town) Name of operation. (State or country) Was there an autopsy?\_\_\_\_ MOTHER 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Neal a NeA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-

STATE	OF	MARYL	AND-	CERT	<b>IFICA</b>	TE	OF	DEA	TH

0	60	0	64	13
1.7	1.	75	14	67.
V	~	()	07	11

1. PLACE OF DEATH	163
County Mont games	Registration Dist. No. 2/1
Village or City Units	ND. St. Ward
21	(If death occurred in a hospital or institution, give its NAME instead of street and number)
The state of the s	nosds. How long in U.S. if of foralgn birth?yrsmos,ds.
2. FULL NAME Tred fare	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Colored Widewe &	March 4 4 , 193 4 (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	(month) (Day) (Tear)
(or) WIFE of makel Haward	22. Starring CERT f FY, That I attanded decoased from
12	march 5 ch 19 3 4 , 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Yaars Months Days If LESS than	
21 2 1day,h	in the contract of the date stated about account accou
3. Trade, profassion, or particular	wera as follows:
kind of work dona, as SPINNER, Farmer SAWYER, BODKKEEPER, atc	7 m alda La
9. Industry or business in which	Pais - 1 3/1/
work was dona, as SILK MILL, SAW MILL, BANK, etc	- 1/39
Spant in this A	3
year) _ fracku 3, 1.9.3 y occupation	• Dther Cantributary Causes of importance:
12. BIRTHPLACE (city or town) And (Stata or country)	
1	
(State or country)	Name of operation Date of Date of
	What tast confilmed diagnosis? Was there an autopsy?
E h. I	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city of town)  (Stata or country)	Accident, suicide, or homicida Date of injury, 19
1. 1.	(Specify city or town county and State)
17. INFORMANT AWY a forman	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVALIZED OF A	Manner of injury
Place 1 1 Ch 1, 19.34	A Natura of injury
19. UNDERTAKER Les ! Monden	24. Was disease or injury in any way related to occupation of deceased? 24.
(Address) Rollsnille. Mil.	If so, spacify
20. FILED 3/9/ 1934. C. S. Barrisley	(Signad) . Myggalay M. D.
Regiurar.	(Addrass) generalle med

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:	-14-11-17	
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
VAR -4 100s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

FOR

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

state

plnods

S Every

PHYSICIAN

3. SEX

7. AGE

OCCUPATION

certificate.

no

instructions

See

very important.

MOTHER

remale

HUSBANO of

(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

2. Trada, profassion, or particular

9. Industry or business in which

12. BIRTHPLACE (city or town) \_\_\_. (Stata or country)

14. BIRTHPLACE (city or town) ...

(Stata or country)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

13. NAME

15. MAIOEN NAME

19. UNOERTAKER

20. FILEO \_\_

Months

kind of work dona, as SPINNER, HOLL

work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Oate deceased last worked at June this occupation (month and

16. BIRTHPLACE (city or town) ... Waru

17. INFORMANT Washing Low Savixar, wat

Takloma Park

\_\_\_\_ Oate

Oays

11. Total time (years)

If LESS than

1 day, .... hrs.

or .... min.

spant in this 32 YES occupation ....

Mar 12 ... 1934

02893

How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH EREBY CERTIFY. That I attended deceased from to March to have occurred on the data stated above, at . Sallem. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Data of onsat Other Contributory Causes of importance Name of operation. What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?. 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, sulcide, or homloida?\_\_\_\_\_\_ Oate of injury\_\_\_\_\_\_ 19\_\_\_\_\_ Where did injury occur?... (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury Natura of Injury\_\_ 24. Was disease or injury in any way related/to occupation of decaased? If so, spacify

Registration Dist. No.

mation LION

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	fi	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

02894

1. PLACE OF DEATH	82-2
County Moulgoniery	Registration Dist. No. 223
	NoSt.,Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yers	sds. How long In U.S. if of foralgn birth?yrsmosds.
2. FULL NAME & aller Odgerlon	ir Milgour
(a) Residence: Np. 204 - Cedae We (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SPK 4. COLOR OR RACE Stude 5. SINGLE, MARRIED, WIDOWED, OR DWORCED ("grite the word)	21. DATE OF DEATH March 24, 1934
5a If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Frb 5'-1845' 7. AGE Years Months Days If LESS than	I last saw here alive on march 24, 1934; death is said to have occurred on the date stated above, et 8 P m
89 1 19 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10-Date deceased last worked at this occupation (month and	Raynaudo Disease
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Dthar Centributery Canses of Importanca:
13. NAME Olyande Silgone 14. BIRTHPLACE (city or town) Maryland	76 0
(State or country)	Name of operation. Dete of
15. MAIDEN NAME Margairs Stretting	What tast confirmed diagnosis? Was there an autopsy? / Y U
16. BIRTHPLACE (city or town) Macyland (State or country)	23. If daath was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did Injury occur?
17. INFORMANT Mrs. Malph S. Jorles (Address) 204-Codar air- Jakana Par	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place V Chwelle Union Date Mar 27, 193 4	Manner of Injury
19. UNDERTAKER DM. Frubru Tumphung (Address) Forbville nid	24. Was disease or Injury in any way related to occupation of deceased? 20
20. FILED March 2719 34 At Cogers Registrar.	(Signed) Colona warmy M. D.  (Addrass) Warmy Dispensary
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Wash D.C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store" "factory" "mill" etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			Not tree for	



should state item of infor-

OCCUPA.

of

S 1. PLACE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH 02895	
County Man	tomes			Residentian Diet no. 2 1 2	
Village or City	X	Peath occurred	(III)  1 yrs 10 mos	Registration Dist. No. 2  No Wolson and County Security Hospital or institution, give its NAME instead of street and number of death occurred an a horpital or institution, give its NAME instead of street and number of death occurred and number occurred and number occurred and number occurred and number oc	ď
2. FULL NAME	le H	en J	ea		ð-o
(a) Residence: No.	Bru	Salva (Usual place	of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AN	D STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	100
SEX 4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 5 th 193 th	_
or) WIFE of	orcad	And the state of t		(Month) (Day) (Year)  22. I HEREBY CERTIFY. That I attanded deceased from	m
DATE OF BIRTH (month, da	y, and year)	lay 15	. 1840	Nec 23 , 1934, to mar 5 - , 1934   death is sal	_
AGE Years	Months	Days	If LESS than	to have occurred on tha date statad above, at	
93	9	18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:	
8. Trade, profassion, or pa kind of work dona, SAWYER, BOOKKEE	articular as SPINNER, PER, etc			myscarditis Date of one	3
9 Industry or business in work was done, as	which	t	Jan oh		-/3-

certificate. 7. OCCUPATION See instructions on back 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, sulcide, or homicide? (State or country) Where did injury occur?\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT TION is very (Address) 18. BURIAL, CREMATION, OR REMOVAL Natura of Injury 24. Was disease or injury 19. UNDERTAKER (Address) If so, spacify (Signed) 20. FILED. Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. NV.

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREALM				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

-	
	-
	1
	TALL STREET
S. No.	F
>	7

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02890
Village or City Takonia Park.	No. Washington Sanitaring Total Ward
(1	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Mrs. J. Eva. Leland.	s. 22 ds. How long in U.S. If of foreign birth?yrsmos ds.
(a) Residence: No.	St Ward Wasson Michigan
(Usual place of abode)	St., Ward. Vastor Michigan.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
remale whixe widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mr Engene Lehand	22. I HEREBY CERTIFY, That I attended deceased from Car. 22 ,1934, to March 12 ,1934
6. DATE OF BIRTH (month, day, and year) July 23 1861	I last saw here alive on March / 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 - H m.
72 7 12 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8 Trade profession or particular	Date ol onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	193K
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Carcinoma of Bress active
10. Date decesed last worked at Aune 11. Total time (years)	
this occupation (month and 19 30 spant in this 47 yrs	
12. BIRTHPLACE (city or town) M. M. M. Q. K. W.	Other Coutributory Causes of importance:
(State or country) Michigan	metastasis in lungo 1933
	melastasis in lungs 1933
13. NAME Mr. Jay Rice 14. BIRTHPLACE (city or town) Exice Callins	Name of operation I Rocki al Breach and Bale of cled 26 4 5
(State or country) New York	was a sur son The logical
15. MAIDEN NAME Lyda Beal  16. BIRTHPLACE (city or town) & Tie Collins  (City or country)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) & Tie Collins	Accident, suicide, or homicide? Data of injury, 19
(State or country) New York	Where did injury occur?
17. INFORMANT Washing ton Santarum Records (Address) Takoma Park Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Millington, Miele Date 3/13, 1934	Nature of Injury
19. UNDERTAKER ARTHUR Wash DE	24. Was diseesa or injury in any way related to occupation of deceased?
20. FILED March 2, 1934 St. E. Rogeris Registrar.	(Signed) Of arret M. D.  (Address) washington familianin

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As gelated causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
WINDITTONIA	DI TIOTI	T. OIL	T. OTCTITION	DIVITALID	40 4	Y THE POSCHIES

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," cte. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, ctc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ji	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	nterstitial nephritis 1921 Run over by street car		1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

item of infor-

of OCCUPA.

S	TATE OF	MAR	YLAND-	CERTIFICATE	OF DEAT	H 028
1. PLACE OF DEA				(190)		
County Mo	nt co				Registration Dist	t. No. 2/7
Village or City				No. mont Co	Gen Alon	6 - St.
Length of residence in c	ity or town where deal	th occurred	yrs. O mos	death occurred in a hospital or inc.  ds. How long in U.S.	stitution, give its NAME in	tead of street and num
2. FULL NAME	vilson	1 ma	Mun	4	X.	
(a) Residence: No.	m. Coles	(Usual place	e mal	St.,Ward.	If nonresident give	city or town and Sta
PERSONAL AN	ND STATISTIC	AL PARTI	CULARS	MEDICAL	CERTIFICATE O	F DEATH
3. SEX 4. COLO	OR OR RACE 5		RIED, WIDOWED, D (write the word)	21. DATE OF DEATI	H mar o	25-, 19
5a. If married, widowed, or dive	orced					(Day)
(or) WIFE of ma	regaret	mall	heros	22. HEREE	0,1934, to M	That I attended dec
6. DATE OF BIRTH (month, da	y, end yaar) un	Know	01/859	I last saw h_ M_ alive on.		19.94
7. AGE Years	Months	Days	If LESS than I day,hrs.	to have occurred on the date s		
/5	-		ormin.	The PRINCIPAL CAUSE OF Di wera es follows:	EATH and related causes of	importance
8. Trada, profassion, or p kind of work done, SAWYER, BOOKKE	as SPINNER, EPER, etc.	store	1	Wremid		Les
Kind of work done, SAWYER, BOOKKEI  9. Industry or business in work was done, as: SAW MILL, BANK, 10. Date deceased last wo	n which SILK MILL,	urn	L			
10. Date deceased last wo this occupation (mo year)	rked at onth and 1929		ima (yeers) nt in this upation			
12. BIRTHPLACE (city or town)	Boleson	lle. m	ont Ca	Other Contributory Causes of I	mportance:	1
(Stata or country)	2	7	nd	Mosure	wedla y	7001
I	son Tue	their	4	better	cet	3
14. BIRTHPLACE (city or to (State or country)	own)	4		Name of operation	2damination	Dete of
15. MAIDEN NAME	suisa di	ruces	ter	23. If death wes due to axternal		
16. BIRTHPLACE (city or to	nwa) m	d		Accident, suicide, or homicide?		
(State or country)	,			Where did injury occur?		
17. INFORMANT Lusse (Address) Color	e matthe	228		Specify whether injury occurre	(Specify city or town d in INDUSTRY, in HOME,	n, county and State) or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR F		70	101	Manner of Injury		
Place Colless	relle. Ind	Date 3/0	28/ 1934	Nature of injury		
19. UNDERTAKER GUE	o R. a	now	den	24. Was disaase or injury in an	y way ralated to occupation	of daceased? 72
(Addrass)	correcu	ind	1	If so, specify	Bas	
20 FILED 3/2 X/	1934 (1)	8,10	irnsled	(Signed)	JUV	

Registrar,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. V.

Ward

umber)

State

death is said

Date of onset

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: .	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	CE OF DE	ATH			(87-G)	
Coun	tyM	antg			Registration Dist. No. 2/	8
Villag	ge or City	Gaith	nersburg	(I	NoSt.,St.,St.,St.,St. NAME instead of street and restst. How long In U.S. if of foreign birth?yrsmaterials.	Ward
						JSOS.
2. FULI	L NAME	Otto Cl				
(a) F	Residence: No.	Galt	hersburg		St., Ward.	
DEE	DEONIAL A	ND STATISTI	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Stale
3. SEX		LOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Ma	le W	hite	OR DIVORCEI	(write the word)	3 (Month) (Oay)	, 193 (Year)
5a. If married HUSBAI (or) WII		la Eli	3a 98/	Deem	22. I HEREBY CERTIFY, That I attended	
6. DATE OF	BIRTH (month,	day, and year)	Sept 27	7th I846	I last saw h alive on	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
T846	87	5	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	10
8. Trade	e, profession, or	particular	22	[ U1   IIIIII.	were as follows:	Oate of onset
S No s	ind of work don	ne, as SPINNER, EEPER, etc	Dotino	d-Statio	Humo-Plati Rangi	3-0
Z Indu	stry or business	in which	110077	agent.	O the same	7.15
Industrial Particol	vork was done, a SAW MILL, BANI	s SILK MILL, K, etc		agent.	a la	1.92
- 1	deceased last v his occupation (rear)	worked at month and ti	tt 11. Total ti	me (years) ti t in this pation	Company processing	192
12. BIRTHPL	ACE (city or tow	n)Was	hington	D U	Other Contributory Causes of importance:	-
					Simility	
	Geo	A Meen	-	;	<b>7</b>	
4 14. BIRT		town) [	hington	D	Name of operation Date of	
	State or country				What test confirmed diagnosis? Was there an a	utopsy?_/2
15. MAIC	DEN NAME	Nartha		У	23. If death was due to external causes (VIOL ENCE) fill in also the following	:
		town)	hington	D	Accident, suicide, or homicide?Date of injury	, 19
2 (	State or country	1)			Where did injury occur?	
17. INFORMA	NTC	Kennith	Meem		(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	ACE.
(Addr	ress)	Gaithers	sburg N	d		
18. BURIAL, (	CREMATION, OF	REMOVAL			Manner of injury	
Place	Clos	ners	Date	p. 2I, 19.34	Nature of injury	
19. UNDERTA		nest C	Gartner nersburg		24. Was disease or injury in any way related to occupation of deceased?	no
20. FILEO 7	Jarch 20	1, 19.34 als	erda y.	Coolee Registrar.	(Signed) S Musiphi (Address) Applicability	P M. D
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 02900
1. PLACE OF DEATH	more to a second	<u> </u>
County Montgon	serp	Registration Dist. No. 2/3
Village or City hear /	restolle	No. St., Ward
Length of residence in city or town where deeth		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ste	aborn) Ma	nday
(a) Residence: No.	, , , , , , , , , , , , , , , , , , ,	St., Ward.
The same of the sa	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL  3. SEX 4. COLORO OR RACE   5. S.		MEDICAL CERTIFICATE OF DEATH
	OR DIFORCED Surve the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	Autorn	(Month) (Day) (Year)
HUSBAND of		22. HEREBY CERTIFY, That I attended deceased from
(or) WIFE of		march 3/1934 to Musch 31, 1932
6. DATE OF BIRTH (month, day, and year) Ma	rch 31, 1934	I last saw h said 19 ; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the dete steted above, at 11:40 m
3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows:  Date of onset
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.		(Hillborn)
9. Industry or business in which		3.4
work was done, as SILK MILL, SAW MILL, BANK, etc.		V., MWS
10. Date deceased last worked et this occupation (month end	11. Total time (years) spent in this	
year)	occupation	
12. BIRTHPLACE (city or town)		Dther Contributory Causes of Importence:
(State or country) Pad.		
13. NAME Inteller Mars	ion Monday	
13. NAME Wilbur Mari	1	Manual distriction
14. BIRTHPLACE (city or town) (State or country)		Name of operation Date of
E 15. MAIDEN NAME CAT	LAP DI-A-	What test confirmed diagnosis? Was there an autopsy?
H Joran Con	elle po vereson	23. If death was duo to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	·	Accident, suicide, or homicide?
2	1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Josena Prons	lang	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/	Menner of injury
Place Lor will Da	10 april 1, 1934	Nature of injury
not m. no	anda (Sarher	
19. UNDERTAKER A HOOGE	offan gather	24. Was disease or Injury In any way related to occupation of deceased?
pe vepe on	2 7 0	If so, specify
20. FILED 4 - 1 - , 1934 ms. 7	4. J. Orace	(Signed) M. D.
	Registrar.	(Address) Corboille

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Y Care	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PATRICALLY, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state OCCUPA-

PHYSICIANS

EXACTLY.

stated

AGE should it may

supplied.

mation should be carefully

CAUSE OF DEATH

TION is very im

B.-WRITE PLAINLY,

statement

Exact

classified

properly

certificate.

See instructions on back

nt.

in plain terms, so that

Every

(Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

	F MARYLAND-	CERTIFICATE OF DEATH	2902
1. PLACE OF DEATH County Moulgone	To	Registration Dist. No. 2/	
Village or City Oluly  Length of residence in city or town where de	(If	death occurred in a hoppital or institution, give its NAME instead of spreet and ds.  How long In U.S. If of foreign birth?  yrs.  yrs.	number)
2. FULL NAME Stillla		Picholson	
(a) Residence: No.	/	St., Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE  male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH arch 30,	, 193 <del>/</del>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	areh, 30t 1930	22. 1 HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months  tell born	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 2:40 0 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Low
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		Stiel form	Date of onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent In this occupation		
12. BIRTHPLACE (city or town) Oluce (State or country)	7	Other Contributory Causes of Importance:	
13. NAME Pichard  14. BIRTHPLACE (city or town)	P. necholson	Trolapse of Good.	
14. BIRTHPLACE (city or town) A aug A	fill	Name of operation Date of	

(State o FATHER 13. NAME 14. BIRTHP (Stata or country) OTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town)

17. INFORMANT (Address)

19. UNDERTAKER (Address)

Registrar,

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?. Where did Injury occur?\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

What test confirmed diagnosis?\_\_\_\_\_ Was there an autopsy?\_\_\_\_

Manner of injury

24. Was disease or injury in any way related to occupation of deceasad? If so, specify

(Signad). (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of de of importance were as fol	eath and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 APR - III	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	*	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago
6.				
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1'year
				- :
				34\

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF DEATH				
	County Mula ou	سر		Registration Dist. No. 2/2	
	Village or City 41	china	<u> </u>	No	Ward
	Length of residence in city or town where dea	th occurred		death occurred in a hospital or institution, give its NAME instead of street and number death of the death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution.	ber) ds.
	2. FULL NAME Jufe	-1)	here	malan 4 mos rus usur	
	(a) Residence: No.			St., Ward.	1
45000	DEDCOMM	(Usual place of		If nonresident give city or town and Stat	ie
1	PERSONAL AND STATISTIC  SEX 4. COLOR OR RACE   5			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
	m w		(write the word)	(Month) (Day)	(Yaar)
58	II marriad, widowad, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That i attended dece	eased from
-	(OI) WIFE OI				
6.	DATE OF BIRTH (month, day, and year)	2 3	1934	I last saw h alive on 19 ; de	eath Is said
7.	AGE Years Months	Oays	If LESS than I day,hrs. ormin.	to have occurred on the date stated obove, at	ate of onset
Z	8. Trada, profession, or particular kind of work dona, as SPINNER.				119 01 011361
OCCUPATION	kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc			Control Matter	
UP	work was done, as SILK MILL, SAW MILL, BANK, etc			und fall	ausz
000	10. Data deceased last worked at this occupation (month and year)		ne (years) t in this pation		~
12	BIRTHPLACE (city or town)	Liber		Other Contributory Causes of Importance:	
ER S	13. NAME / ) } }	Lemen	es-		
FATHER	14. BIRTHPLACE (city or town)	211200	+ ~	Name of operation	
T	(State or country)		m	What test confirmed diagnosis? Was there an autop	18V7 210
15	15. MAIDEN NAME Vicour co	- 621	edla	23. If death was due to external causes (VIOL ENCE) fill in also the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MOTHER	16. BIRTHPLACE (city or towo) - 4 - 1 - 1 - 1	towar.		Accident, suicide, or homicide? Date of Injury	, 19
17	INFORMANT Variable M. (Addrass)	une,	usee	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR REMOVAL	Oate see	L31., 19.3 9.	Manner of injury	
19	UNOERTAKER (Address)			24. Was disease or injury in any way related to occupation of deceased?	u.
20	FILEO Mch 3 , 1934 mm	COA	Hillou Registrar.	(Signed) (Classification (Address) (Address)	M.D.

. S. No. 1

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-unalised. AGE should be stated EXACTLY. PHYSICIANS should state

FOR BINDING

MARGIN RESERVED

of OCCUPA-

Exact statement

properly classified.

so that it may

mation should be carefully

CAUSE OF DEATH

B.-WRITE PLAINLY

ż

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	3 3 3 2
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

02904 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	The state of the s	301
County Montgomminghin	CORPORATE LIMITS OF	Registration Dist. No. 223
Village or City Johonna Pa	rk, Maryland	No. Washington Sanitarium + Nogofital Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where	leeth occurredyrs,	_mos
2. FULL NAME Mr. Lew	s D. Petrie	
(a) Residence: No. 3838 Ca	thedral Que. 19 (Usual place of abode)	.W. St., Ward. Washington, DC  If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wollowed)	D. 21. DATE OF DEATH  March 13 , 193 4 (Month) (Day) (Year)
5a. If married, widowed, of divorced HUSBAND of (or) WHE of Mary Colina	beth Boyd	22. I HEREBY CERTIFY, That I attended deceased from  March 11, 1934, to March, 1934.
6. DATE OF BIRTH (month, day, and year)	ctober 1, 1851	I last saw hair alive on March 19-34; death is said
7. AGE Years Months & 2	Days If LESS th	to have occurred on the date stated above, at S. S. Qm. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. Date deceased last worked at this occupation (month and 192)  (State or country)  14. Date deceased last worked at this occupation (month and 192)  (State or country)  15. Date deceased last worked at this occupation (month and 192)  16. Date deceased last worked at this occupation (month and 192)  17. Date deceased last worked at this occupation (month and 192)  18. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked at this occupation (month and 192)  19. Date deceased last worked last wo	pital Traction (  11. Total time (years) spent In this occupation 30  york  Look	e. Laba Preumonia
(State or country)	gberg	Name of operation Dete of
2	Russell	What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury 19 Where did injury occur?
(Address) Jahoms, Pa 18. BURIAL, CREMATION, OR REMOYAL	3/13-	(Specify city or town, county and State)
19. UNOERTAKED MORIES (Address) 300 - 402 20. FILED March 13, 1934	Jews 19	24. Was disease or injury In any way related to occupetion of deceased?  If so, specify  (Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago
Arteriosclerosis		Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1928	Other contributory causes of importance:  Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ano Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
---

V. S. No. 1

02906

1. PLACE OF DEATH	(911.9)
County M. Onlgombry	Registration Dist. No. 2/3
Village or City Bannesiale	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds
7 " D. "	4 • 4
2. FULL NAME Multan W. J. Jul	upo
(a) Residence: No. Samuel (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Marked (write the word)	3 26 1934
a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF algie Phillips	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, od year) Car 16 879	I last saw mais aliva on March 23 1, 190 4; death is sain
AGE Years Months Days If LESS than	to hava occurred on the data stated abova, at
54 1/1 10 1 day,hr	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession, or particular	Coronary Thombore v. Date of onge
SAWYER, BOOKKEEPER, etc. Jos. Clerky	
Industry or business in which work was done, as SILK MILL. A all a	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  Jos.  Joseph Grand Strain Str	
10. Date deceased last worked at this occupation (month and 3/2 6/34)  W. Total fine (years) spant in this 30 44 occupation.	2
year) occupation	Othar, Contributory Causes of importance:
12. BIRTHPLACE (city or town) Mary Luck .	Influenzamara 19 34
(State or country)	<u> </u>
13. NAME James I highliges	
14. BIRTHREAGE (city or town) May low 2	Nama of operation
(State of Country)	What tast confirmed diagnosis? Was there an autopsy?_ Ac
15. MAIDEN NAME LICENSELLE	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida? Data of Injury, 19
(State or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT Duyan   Dulleton	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place ( Seullaidle Date 3/28 , 193	Natura of injury
19. UNDERTAKER Hallows Dries	24. Was disease or injury In any way ralated to occupation of dacaasad? 20
(Addrass) Barnerile md	If so, specify
on such mich 27 34 mm (P. 760)	(Signad) Ublow D/hours
20. FILED // Clu / 1997 / 1990 . Combanda Registrar.	(Address) Dawwwelle Ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 5.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	207-00
county Moulgourey	Registration Dist. No.
Village or City L Washington	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrs,more	
2. FULL NAME Thomas Q. A	-andall
(a) Residence: No. Westmore	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR. DIVORCED (write the word)	21. DATE OF DEATH March 14 (Month) (Month)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Katherine Mandael	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 715-1874	I last saw in alive on 19 death is said
7. AGE Yaars Months Days If LESS than	to have occurrad on the data stated abova, atm.
5-9 4 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or particular	Killed accidently Date of one ot
SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	by steam railroad
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and Mall 34) spentin this occupation	Crain
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(Stata or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparetion Oate of
(State or country)	What test confirmed diagnosis? Was there an aulopsy?
1 15. MAIDEN NAME to Ena Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?
(State or country)	Where did injury occur? Westmore Sear Roballe)  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT / Yalliemy / Tandall	Specify whethar Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Westman, - Md - wife  18. BURIAL, CREMATION, OR REMOVAL	Managed Internal
Place & elevelle Musy Oats May 17, 1934	Nature of injury Steam railroad train
19. UNDERTAKER Dru. Peuben Pumphury (Addrass)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3 -17 , 1934 Mrs. 24. 7. Viale	(Signed) A V Haralla M. O.
Registrar.	(Addrass) Robield
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	116.
The principal caus of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial n	ephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago
	5			1
	causes of importance:	0.11	Other contributory causes of importance:	
Gallstones	BUKENG	May 1,1923	Gastrocnteritis	1 year'

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

# V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEA
--------------------------------------

116-116	
0290	()

1. PLACE OF DEATH			(8)		
County Mont	7	•••••		Registration Dist.	No. 2/2
Village or City Die	terkos	V	No.	NABAR	St.,Ward
Length of residence in city or town	where death occur	redyrs,	(If death occurred in a hospital or instanceds. How long In U.S. I		
2. FULL NAME Win	nonar	Rober	son	~	
(a) Residence: No.	(Usu	al place of abode)	St., Ward.	Vickerso If nonresident give o	w, Md.
PERSONAL AND STA	TISTICAL P	ARTICULARS	MEDICAL	CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RA		E, MARRIED, WIDOWE VORCED (write the work		mar	3H 193H
5a. If married, widowed, or divorced HUSBANO ot		1		(month)	(bey) (rear)
(or) WIFE of			May 23	Y CERTIFY, T	hat I attended deceased from
6. DATE OF BIRTH (month, day, and year	12/16	117	I last saw h 22 alive on		
	/	ys If LESS th	n to have occurred on the date sta	116	
6	3	l day,min.	hrs. The PRINCIPAL CAUSE OF DE.	ATH and related causes of i	
R Trade, profession, or perticular kind of work done, as SPIN	IER.		Aca	reffe.	Date of onset was
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which					32
kind of work done, as SPINM SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	-,			*******************	34
- I cons occupation (month and	11.	Total time (years) spent in this			
year)	8	occupation	Other Contributory Canses of im	portance:	
12. BIRTHPLACE (city or town) (State or country)	ver of	ringm	<i>f</i>		
13. NAME Frank 1	Cohers	on			
13. NAME Frank 1	Dicker	era.	Neme of operation		Oate of
(State or country)		2 ml	Whet test confirmed diegnosis?		
15. MAIDEN NAME Suy	rape k	uffner	23. If deeth was due to externel c		
15. MAIOEN NAME Sorg	Navi	U	Accident, suicide, or homicide?	Date o	f Injury, 19
(State or country)	Diese	.02.	Where did Injury occur?	(Specify city or town.	county and State)
17. INFORMANT Trank (Address)	Koher	son	Specify whether injury occurred	in INOUSTRY, In HOME, o	r In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	211	20 4	Manner of injury		
Place Beall evelle	, / NApate /	ner. 25,191	Nature of Injury		
19. UNDERTAKER Wiltow (Address) Barne	Eville	emd.	24. Was disease or injury in any If so, specify		
20. FILEO Mch 25,1934	my C.	O. Hill.	(Signed) EM	White	M. D.
		WYR Registra		alisvill	nd
	lf more blanks are n	eeded, address State Regis	trar, 2411 N. Charles Street, Baltimore, 1	Requesting U. S. No. z.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	kample I	i	Example II	
The principal cause of dea of importance were as follow	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1934	July 5, 1927	Peritonitis	3 days ago
	BUREAUN			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER STATEMENTS BY PHYS	ICIAN
Jos authornation	of new and color a	ce card in Bureaug C. E

te te

sta UP.	:	1. PLACE C	F DEAT	гн		
ould occ		County	M	onto	meny	
item of info should sta of OCCUP	-	Village or	City J	olvery	a Pol	k_
t S it		Length of ra	sidence in cit	y or town where d	eath occurred	yrsmo
Every CIANS tement		2. FULL NA	ME S	Word	Aou r	1 Ma and
RD. Every YSICIANS statement	1	(a) Reside	nce No.	51	Pealord	N St N
CORD. PHYSI					(Usual place	
RECO PH Exact	_				CAL PARTI	
IS A PERMANENT RECORD. Every stated EXACTLY. PHYSICIANS properly classified. Exact statement ertificate.	3. V	SEX Nala	4. COLO	OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)
T I fed.	58.	If married, wido HUSBAND of	wed, or divo	ced	7	
RMANEN X A C T I classified.		(or) WIFE of		_		
EX EX y cl: te.	6.	DATE OF BIRTH	(month, day	, and year)	Narch	20,1934
IS A PE stated E properly certificate	7.	AGE Ye	ars	Months	Days	If LESS than
IS A stated proper				_		1 day,hrs.
	NO	8. Trade, profe	work done.	IS SPINNER.		/
TH d p	ATI	9. Industry or	R, BDOKKEËI business in			/
NK—T should it may in back	OCCUPATION	work wa	s done, as S LL, BANK, e	ILK MILL,		
INF INF Sh tit	000	1D. Date decearthis occupear)	pation (mon		spei	ime (years) nt in this
NG IJ AGE that ons o	-	) year)			1 0000	pation
NFADING oplied. AGI erms, so tha instructions	12.	BIRTHPLACE (c (State or cou		laken	md.	9 V K
UNFAI supplied. n terms,	ER	13. NAME	L	vle	Robe	rtson
See i	FATHER	14. BIRTHPLAC	E (city or tou	vn)	anilla	
100 AA	- R	15. MAIDEN NA	1	ماءه	Dot	0.55
refu	田			Leola	101	213
INLY, be ca EATH import	MO	16. BIRTHPLAC (State o	r country)	/n)	mo.	8
AINLY, d be car DEATH	17	INFORMANT 4	lashir	aton Sa	nitarium d	- Hospital
PLA hould OF D		(Address)	Taxo	X ~		1.
shou E OF	18.	BURIAL, CREMA	0 0		- m-	20 24
KIT tion USJ	_	Place Was	hn. 2a	M. 4 34 03	P.Date Jyla	20,1934
B.—WRITE PLAINLY, WIT mation should be carefull CAUSE OF DEATH in pl TION is very important,	19.	UNDERTAKER				
B		(Address)	4		17771)	
z	20.	FILED Mas	uchda	84.	TONI	ogens.

STATE OF MARYLAND

CERTIFICATE OF DEATH 02909
8
Registration Dist. No. 223
No. Nachusator Santarum 191 Hard Ward
death occurred in a hospital or institution, give its NAME instead of street and number)
O ds. How long in u.s. if of foreign birth? yrs. mos. ds.
Mis tyle Voberton.
J. St., Ward. Washington DC
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH  March 20, 193 14  (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from
March 20, 1934, 10 March 20, 1934
I last saw him not allve on March 20, 1934; death is said
to have occurred on the date stated above, at 9 2 A.m.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Date of onset
Stellenth
Osphylla
Other Contributory Causes of importance:
***************************************
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (VIDL ENCE) fill In also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did Injury occur?
Where did Injury occur?  (Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury
(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury
(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?
(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If se, specify
(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar,

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial-nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
14 DO E 1094			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

ADDITIONAL	SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	----------	---------	------------	----	-----------

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH That I attended deceased from The PRINCIPAL CAUSE OF DEATH end related causes of importance What test confirmed diagnosis? ..... Was there an au'opsy? ..... 3. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_\_\_ Date of injury \_\_\_\_\_\_ 19\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 24. Was disease or injury In any way related to occupation of deceased?

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation,

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	•	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
MANAGEMENT OF THE PARTY OF THE			

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH



OCCUPA.

plnods



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the usc of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	BLOCK BY	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronie interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 6 1934	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
LINE STATE OF THE PARTY	THE WITH SERVICE				

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02912
1. PLACE OF DEATH	95-8
County / / Dulg onery	Registration Dist. No. 213
Village or City / / Debuelly	No. St. Ward
Length of residence in city or town where death occurredyrsmea	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME O CIMES O	S AMARAGE OF
(a) Residence: No. Pro Christian	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
male Hule OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)  (Geer)
5e. If married, widowed, ordivorced HUSBAND of (or) WIFE of HUSBAND.	32. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, end year) July 5 - 1860	I lest saw h. elive on The Cart on ar strateath Is seid
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at least m.
7.3 8 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
No Trade profession or particular	acute dilatation of heart Date of onsat
SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work wes done, es STIK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked et this occupation (month end)	Premary cause: unknown. Cers
work wes done, es SILK MILL, Jov. Guyloger	Oct. 25, 1934
10. Date decessed lest worked et this occupation (month end spant in this	Deceased had not been attended by
yeer) occupetion	Descarand trad not been attended by a Dither Contributory Causes of importance: physician.
12. BIRTHPLACE (city or town) Times Seo Co.	
(Stete or country) Many and	
= John State of the state of th	
4 14. BIRTHPLACE (city or town) wet Two Co	Neme of operation Dete of
15. MAIDEN NAME MARAILLE BEALL	What test confirmed diegnosis? Was there en eutopsy?  23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Uspilla Braef  16. BIRTHPLACE (city or town) thinks Bro Co -	Accident, suicide, or homicide? Dete of injury 19
E (State or country) mayland	Where did injury occur?
17. INFORMAN Mass Margaret Somewell Dawson (Address) Colleges Margaret Mc	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL . Com	Manner of Injury
Place To Charelle Musey Date March, 1934	Neture of Injury
19. UNDERTAKER M. Scubru Tumphury (Address) Po Chevelle mod	24. Wes disease or injury In eny way related to occupation of deceased?
20. FILED 3 - 11, 1934 mis. W.J. Proces. Registrar.	(Signed) L. Harley M. D.  (Address) Despirale
TC II II C . D .	N. C. L. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the oecupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1 ä ż PA-

CCD		County					
) j		Village or City					
ent o		Length of residence In city					
statement	2	(a) Residence: No,					
act	-	PERSONAL AND					
EX	3, 3	SEX (3) 4. COLOR					
properly classified. certificate.	5a.	If married, widowed, or divorce HUSBAND of (or) WIFE of					
te.	6.	DATE OF BIRTH (month, day, a					
roperl	7.	AGE Years					
OF DEATH in plain terms, so that it may be p very important. See instructions on back of ce	OCCUPATION	8. Trade, protassion, or particle kind of work dona, as SAWYER, BOOKKEEPE  9. Industry or business in work was done, as SIL SAW MILL, BANK, etc.  10. Date decaased last worke this occupetion (month year)					
s, se tructio	12.	BtRTHPLACE (city or town) (State or country)					
inst	1ER	13. NAME Alfred					
See	FATE	14. BIRTHPLACE (city or town (State or country)					
n p nt.	1ER	15. MAIDEN NAME					
TH i	MOT	16. BIRTHPLACE (city or town (State or country)					
DE/	17. INFORMANT Acles (Address)						
USE OF N is ve	18. BURIAL, CREMATION, OR REM						
CAUR	19.	UNDERTAKER ALL					
		- Mar A 17					

	S	TATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH	02913
1	. PLACE OF DEA	TH 7				0.0000
	County /	Mule	7		Registration Dist. No.	218
	Village or City	genus	andon	n	NoS	St., Ward
	Length of residance In ci	ty or town where	e death occurred	yrs mos	death occurred in a horpital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs	
2	2. FULL NAME	au	1 Dun	n mis	Apalls.	
	(a) Residence: No	Jenne	(Usual place	of shods)	St., Ward.  If nonresident give city or too	om and State
ettetta	PERSONAL AN	D STATIS			MEDICAL CERTIFICATE OF DEA	
	SEX (3) 4. COLO	R OR RACE	5. SINGLE, MAR	RRIED, WIDOWED,	21. DATE OF DEATH 3 /6~	
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	orced 2			22. I HEREBY CERTIFY, That I att	rended daceased from
6.	DATE OF BIRTH (month, day	v. and year)	3/16/34		I last saw hat alive on 3-12-19	9.5. Y: death is said
-	AGE Years	Months	Days O	If LESS than 1 day, hrs.	to have occurred on the date stated above, at	1
z	8. Trade, protassion, or pa	articular		1 01	Maia as initions.	Dete of onset
101	kind of work dona, SAWYER, BOOKKEE		mon		abother	3/14/34
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK,	SILK MILL.				
000	10. Date decaased last work this occupetion (mo year)	rked at nth and	spe	time (years) ent in this upation		
12.	. BtRTHPLACE (city or town) (State or country)	gern	actorn	٠,	Other Contributory Causes of Importanca:	
23	13. NAME Alfre	q ly	Spales			
FATHER	14. BIRTHPLACE (city or to	own) Lia	slington	,40	Name of operation Dat	
ER	15, MAIDEN NAME	leten E	: Wion	tel	What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (city or to	own)	thism,	va.	23. If death was due to external causes (VIOLENCE) fill in also the fo Accident, suicide, or homicide?      Whare did injury occur?	
17.	INFORMANT Adela	en Co	Spale	is just	(Specify city or town, county a Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBL	nd State) LIC PLACE.
18.	BURIAL, CREMATION, OR F	REMOVAL 4	ermant B	17-,1934	Mannar of injury	
19.	UNDERTAKER ALL	nearly	tour,	les	24. Was disease or Injury in any way ralated to occupation of decease  If so, spacity	ad?
20,	FILED March 17	1934 ah	erda G	Cooke Registrar.	(Signed) Al Gartherslang	94 Y M. D.
		If mor	re blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 5 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			, 3	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 02914	
1. PLACE OF DEATH		
county montgomery	Registration Dist. No. 216	
Village or City nead Bethesola	NoSt.,Ward	j
	If death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs,mo	ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Mollie J. Stock		
(a) Residence: No. schmills	St., Ward.	-
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	a.
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
OR DIVORCED (write the word)	march 8th 1934	
5a. If married, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of Conf. William of Strack	22.   I HEREBY CERTIFY, That I attended deceased from	n
	9/10 ,1933,10 3/2 ,1934	-
6. DATE OF BIRTH (month, day, and year) March. 3, 1873	I last saw h_e2alive on3_/2	d
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.	
61 0 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	-
8. Trade, plofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute Congestine Heart 9/193	3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spentin this	Chronic nitral regugitation 104	10
11. Total time (years) this occupation (month and year) because it is decomposed to the companion		-
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:	
(State or country)	Hersenstandiam 30 m	11
13. NAME Plavid stevens		10
13. NAME Soviet stevens 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? B. R. Was there an au'opsy?	-
15. MAIDEN NAME Spiness fraith	23, If death was due to external causes (VIOL ENCE) fill in also the following:	-
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	-
(State or country)	Where did injury occur? (Specify city or town, county and State)	-
17. INFORMANT CAMERINA L. Shock (Address) Rockrille Mil.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Ochilles I Me Date J. Jan., 1934	Nature of injury	-
19. UNDERTAKER Haznea & Tumphray  (Address) Rockrille mars level	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED marg 1934 B. C. Perry, M. D. Registrar.	(Signed) A ordinally had	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBALL Vid	1 2		
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

WRITE PLAINLY, WIT UNFADING INK—THIS IS A PERMANENT RECORD. E mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact states	BINDING	TEDMANENT DECORD	EKMANENI KECOKD.	EXACTLY. PHYSIC	y classified. Exact state	te.
TE PLAINLY, WIT UNFADING INK-THIS should be carefully supplied. AGE should be E OF DEATH in plain terms, so that it may be	FOR	10	IN A L	stated	properl	certifica
FE PLAINLY, WI should be carefully E OF DEATH in pla	MAKGIN KESEKVED	INEADING INE WITE	UNFADING INA-I HIS	supplied. AGE should be	in terms, so that it may be	See instructions on back of
FE PLAINLY, should be ca		WIT	TAM	refully	in pla	tant.
VRIT ation AUS		VDITE DI AINI V	VALLE FLAINLI,	ation should be ca	AUSE OF DEATH	ON is very import

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2915
County Monta	Registration Dist. No. 2/	~
Village or City Proles	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurredyrsmos.		
2. FULL NAME Davd Shoma	1 Winns	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar 22 md (Month) (Day)	, 193 44 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Places	22 I HEREBY CERT1FY, That I attended of	
6. DATE OF BIRTH (month, day, and year) July 26 1866	Mar 20 ,1934, to Mar 22    last saw truscal alive on Mar 22 , 1934	.; death is said
7. AGE Years Month Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, et 430 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were es follows:  Bobar Prumona	Date of onest
kind of work done, as SPINNER, Framilio VIII SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked et his occupation (month and this poculation (month a		1934
10. Oate deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (city or town) Prolesyll  (State or country)	Other Contributory Causes of Importence:	Man Z1
W 13. NAME / Lower O. I have not triumer	4	1974
13. NAME / March 14. BIRTHPLACE (city or town) / (State or country)	Name of operation Date of	
	What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Bette See  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
17. INFORMANT Henry Winner (Address) Profile of	(Specify city or town, county and State Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Part Cool Date Mar 25, 1931	Manner of injury	
19. UNDERTAKER Henry Davis (Address)	24. Was disease or injury in eny wey related to occupation of deceased?	1
20. FILED Mar 24, 1934 EW With Registrar.	(Signed) What (Address) & white his	M. D.
If more blanks are medad address Sente Direction	N. C. 1. C D. 1: D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RFCF1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU	1 5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
. , , ,			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA.	certificate.	
N. B.—WRITE PLAINLY, WI UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12917
1. PLACE OF DEATH	95.6
County Montgomery	Registration Dist. No.
Village or City Mr. O Etchison	No. St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  B
(a) Residence: Np. Nr. Elchison Ms. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)  The state of	21. DATE OF DEATH Masch. 26 (Year) (Year)
HUSBAND of (or) WIFE of Calvard Pryvill  6. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  If LESS than  1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et  this convertion (month and the deceased last worked et this convertion)	122. ALL HEREBY CERTIFY. That Fallended deceased from 1034 to 1934, death is said to have occurred on the date stated above, et 325 mm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  Lange - as Seath was
12. BIRTHPLACE (city or town) 22. Damaseus  (State or country)	Other Contributory Canses of importence:
14. BIRTHPLACE (city or town) M. Damaseych (State or country)  The damaseych	Name of operation
15. MAIDEN NAME Charla Etchison  16. BIRTHPLACE (city or town). Us. Dannasuus  (State or country)  17. INFORMANT MUS. Emma Sounder  (Address) Dannaseus med	23. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIECE TAMASKUS Com Date Mach. 28, 1934  19. UNDERTAKER Oy H. Barber	Manner of injury
20. FILED Chan 27, 1934 Della OV, Burditte If more blanks are needed, address State Registrar.	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 6 1931			
Other contributory causes of importance:	7.2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year